Application for High School Equivalency Diploma KCTCS Pathway Kentucky Adult Education



Mail this application and \$25 fee (check or money order) to:

Kentucky Skills U 1024 Capital Center Dr., Ste. 250 Frankfort, KY 40601



Section 1: Applicant

Name (Last, First, Middle Initial or Maiden Name)				
Date of Birth (Month/Day/Year)	Age at applicat	ion	Social Security Number	
Current Address (Street/Number/Apartment)				
City		State		Zip Code
Phone		Email Address		
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Signature:			Date:	
Section 2: Program Courses				
Indicate below the courses you successfully completed to meet the program requirements by designating one course				
from each category:				
Written communication (indicate one)				
□ENG 101; □ENG 105				
Quantitative reasoning (indicate one)				
\square MAT 105; \square MAT110; \square MAT 116; \square MAT 126; \square MAT 146; \square MAT 148; \square MAT 150				
Nickenski ocionaca (imdicata one)				
Natural sciences (indicate one)				
\square BIO 112; \square BIO 120; \square BIO 135 (4 credits); \square BIO 137 (4 credits); \square CHE 120; \square GEO 130; \square PHY 151				
Social and behavior sciences (indicate one)				
\square ANT 101; \square ECO 101; \square POL 101; \square PSY 110; \square SOC 101				
Certify your successful completion of these courses by having your official KCTCS transcript sent directly to Kentucky				
Adult Education Skills U.				
Electronic documents (preferred) can be sent to GED@ky.gov or paper documents mailed to:				
Kentucky Adult Education Skills U 1024 Capital Center Dr., Ste. 250				
Frankfort, KY 40601				
Halikiott, KI 40001				
Current students can order the transcript through your <u>Self Service</u> account. If you are no longer a current student, you				
can order your transcript from the National Student Clearinghouse				